

FORM BAS-4
(9-17-99)U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAUBOUNDARY AND ANNEXATION
SURVEYNEWLY INCORPORATED MUNICIPALITIES AND
NEWLY ACTIVATED MUNICIPALITIES

A. Place, type, state

B. County, parish, borough or statistically equivalent area name(s)

CENSUS
USE ONLY

State code

County code

Place code

RETURN
TOU.S. Census Bureau
ATTN: Geography Branch
National Processing Center
1201 East 10th Street
Jeffersonville, IN 47132-0001

NOTE

It is important that all questions are answered
completely and that the map be signed.

GENERAL INSTRUCTIONS

Please complete this survey form using a typewriter or ball point pen and return it
together with the signed map within 15 days after receipt, using the enclosed
preaddressed label or envelope. If additional space is required to record boundary
changes, please attach a separate sheet giving the information requested.

Question 1

PERSON COMPLETING THIS FORM

MAILING ADDRESS — *Make necessary corrections.*

Signature

Name — *Print or type*

Title

Date

Telephone →

Area code

Number

Extension

E-Mail address

FAX number

For further information
call 1-800-972-5651

Question 2

INCORPORATION OF MUNICIPALITY — *Please complete all parts (a through g) of this question and proceed to Question 3.*

Name of municipality

a. What is the official name of this municipality?

b. What type of municipality is this? (*Mark (X) one*)1 ☐ City 2 ☐ Village 3 ☐ Town 4 ☐ Borough 5 ☐ Other (*Print type*)c. Does this municipality extend into a county or
statistically equivalent area other than the one(s) listed
in item B above?1 ☐ Yes — *Give the names*2 ☐ No

Additional counties or parishes

d. What is the official date of incorporation?

Date of
incorporation

Month

Day

Year

e. Has this municipality been active since incorporation? (An active municipality is one that is legally incorporated and operates
as a governmental unit; i.e., it has officials and has the legal capacity to raise revenues and conduct governmental activities.)1 ☐ Yes 2 ☐ No — What is the official date of activation?Date of
activation

Month

Day

Year

f. At the time of incorporation or activation, what was the estimated population and number of housing units in this municipality?	Estimated population		Estimated number of housing units	
g. At the time of incorporation or activation, what was the estimated area of this municipality? ..	Estimated area	Square miles	OR	Acres

Question 3 **BOUNDARIES AT TIME OF INCORPORATION OR ACTIVATION** — *Please read the statement checked, supply the information requested, and continue to Question 4.*

1 ☐ We do not have a map showing the boundaries of your municipality. Please send us a map showing, in red, the boundaries of your municipality at the time of incorporation or activation. Then please attach the enclosed label to a margin of the map so that the label does not obstruct any pertinent boundaries or names, and sign.

2 ☐ Are the boundaries shown on the enclosed map(s) those in effect at the time of incorporation or activation?

☐ Yes
☐ No – *Correct the map(s) using a red pencil to show the correct boundaries at the time of incorporation.*

■ Please sign the map signature box.

Question 4 **ANNEXATIONS AND DETACHMENTS** — *Mark (X) applicable boxes.*

a. Have there been any annexations to or detachments from this municipality from the time of its incorporation or activation through _____ ?

1 ☐ Yes – *Please record all annexations and detachments that have occurred during this period in part c below; then continue with item b.*

2 ☐ No – *Continue with item b.*

b. Is this municipality legally or physically unable to annex territory?

1 ☐ Yes

2 ☐ No

c. Annexations and detachments from the time of incorporation or activation through _____ .

Please record below the information requested for all annexations and detachments that have occurred during this period. In column (1) below, please enter A for annexations, D for detachments, and O for other.

Please also correct the map using the enclosed red pencil to show the correct boundaries as of _____ .

A, D, OR O (1)	Authorization <i>Enter in column (2) –</i> R – <i>Resolution</i> O – <i>Ordinance</i> L – <i>Local law</i> S – <i>State level action</i> X – <i>Other type</i>		Effective date <i>Month, day, year</i> (4)	County or parish in which A (annexation) or D (detachment) occurred (5)	Estimated area		Estimated current population and housing units in each annexed or detached area	
	Square miles (6)	OR			Acres (7)	Population (8)	Housing units (9)	